

**QUARTERLY CONTRIBUTION REPORT
TO BE FILED WITH QUARTERLY WAGE RPT.
INSTRUCTIONS ON REVERSE SIDE**

1. U.I. ACCOUNT NUMBER 2. QUARTER YEAR

1a. INTERNET ACCESS NUMBER

<http://uiqtwrs.dwd.state.wi.us>

3. REPORT AND PAYMENT DUE

4. FEIN

5. EMPLOYER TELEPHONE NO.

6. EMPLOYER NAME AND ADDRESS

18. DO ANY OF YOUR EMPLOYEES HAVE
ACCESS TO A HEALTH INSURANCE PLAN
SPONSORED BY YOU, A UNION, OR A
TRADE/PROFESSIONAL ASSOCIATION?

YES NO

19. I CERTIFY THE TAX AND WAGE REPORTS ARE CORRECT.	SIGNATURE	TITLE	DATE
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GENERAL INFORMATION _____

This report is required from all employers covered under Wisconsin's Unemployment Insurance (UI) Law. If a Quarterly Wage Report (UC-7823) form is also enclosed, it must be completed and submitted in addition to this report.

Mail reports and payments to:
Department of Workforce Development
Division of Unemployment Insurance
P.O. Box 7945
Madison, Wisconsin 53707-7945

INSTRUCTIONS ON THE REVERSE SIDE.

ITEM 7. MUST BE COMPLETED			
7. MONTHLY DATA SHOULD COUNT ALL FULL-TIME AND PART-TIME WORKERS IN COVERED EMPLOYMENT THAT WORKED DURING OR RECEIVED PAY FOR THE PAYROLL PERIOD WHICH INCLUDES THE 12TH OF THE MONTH. IF NONE, ENTER -0-.			
1ST MONTH-	2ND MONTH-	3RD MONTH-	
8. TOTAL COVERED WAGES Must agree with total wages on Wage Report.		DOLLARS	CENTS
9. LESS EXCLUSIONS FOR WAGES OVER			
10. DEFINED (TAXABLE) PAYROLL Item 8 minus Item 9 THIS LINE MUST BE COMPLETED			
11. Multiply Item 10. by:			
12. TAX DUE			
13. IF FILED AFTER DUE DATE, ADD INTEREST OF PER MONTH OF ITEM 12, above			
14. IF WAGE RPT. (Form UC-7823) FILED AFTER DUE DATE, ADD LATE FILING FEE. (See reverse side)			
15. LESS ELECTRONIC FUND TRANSFER (EFT) PAYMENT			
16. LESS CREDIT AVAILABLE as of			
17. TOTAL AMOUNT ENCLOSED WITH THIS REPORT			

RETURN THIS FORM AND ANY PAYMENT DUE.
MAKE CHECK OR MONEY ORDER PAYABLE TO DIVISION OF
UNEMPLOYMENT INSURANCE. FOR INFORMATION CALL **(608) 261-6700.**

INSTRUCTIONS FOR COMPLETION OF CONTRIBUTION REPORT

This report is required from all employers covered under Wisconsin's Unemployment Insurance (UI) Law. This is required in addition to your Quarterly Wage Report. You can file this report on the internet using the access number on line 1a, and creating a user ID and password, see <http://uiqtwrs.dwd.state.wi.us>.

Items 1-6 are preprinted. They show:

1. Ten-digit UI employer account number.
- 1a. Six-digit Internet Access Number - Used for filing report on the Internet.
2. Time period this report covers.
3. Report and payment due date.
4. 5. 6. Employer information. Includes Federal Employer Identification Number (FEIN), telephone number, and name and address.
7. The monthly employment data reported on line 7 should be a count of all full-time and part-time workers in covered employment under Wisconsin's UI Law, who performed services during or received pay for the payroll period which includes the 12th of the month. If no employment in the payroll period, enter zero (-0-).
8. Enter COVERED wages PAID within this quarter before deductions. Wages include: salaries; commissions; bonuses; tips; sick or disability, termination, holiday, and vacation pay; value of room, meals, and payments in kind to all full time, part time and temporary employees for services "localized" in Wisconsin. Include agricultural and domestic service wages if you have been determined covered for either employment. Do not include wages paid for employment excluded under s. 108.02(15)(k) unless such wages are subject to the Federal Unemployment Tax Act. NOTE: ITEM 8 OF THIS REPORT SHOULD AGREE WITH TOTAL WAGES ON THE QUARTERLY WAGE REPORT.
9. Enter wages paid this quarter in excess of the \$10,500 per employee wage base. To determine the exclusion amount follow the steps below.

Step 1 - Determine which of your employees has been paid more than \$10,500 since the beginning of the year.

Step 2 - If any of the employees identified in step 1 have already been paid more than \$10,500 for the year during a previous quarter, all of the wages paid to them during this quarter are excluded. Add the wages paid during this quarter to each of these employees to arrive at a total.

Step 3 - If any of the employees which you identified in step 1 went over \$10,500 for the year during the quarter, the amount paid in excess of \$10,500 for the year is excluded. Add the excess paid each employee this quarter to arrive at a total.

Step 4 - Add the totals derived in step 2 and step 3 and enter in item 9. This constitutes excluded wages paid during this quarter which are not taxed. (The amount on line 9 can be equal to but should not be more than the amount shown on line 8.)

10. Subtract item 9 from item 8 to obtain your defined (taxable) payroll. Always indicate an amount in this item. If item 9 is zero, the amount in item 8 should also appear in item 10. If the amount in item 9 is equal to item 8, place a zero in item 10.

Items 11 and 13 do not apply to employers on reimbursement financing.

11. Multiply item 10 by your tax rate to determine tax due. Your tax rate is shown as a decimal fraction on this report. Multiply by the figure shown and enter this amount in line 12.
12. Enter your tax liability for this quarter.
13. If filing after due date, calculate interest on the tax due in item 12 by the preprinted rate per month (or fraction of month).
14. If filing the Wage Report (Form UC-7823) after the due date, the amount of penalty is dependent upon the number of employees that appear on the report, as follows:

Total Employees in the Quarter	Amount of Penalty
1 - 100	\$25
More than 100	\$75

In addition, an employer who has more than 100 employees and fails to file its wage report in magnetic or electronic media may be assessed a penalty of \$10.00 for each employee.

15. If you have paid your taxes for this quarter by Electronic Fund Transfer (EFT), enter that amount here.
16. If you have been notified of any available credit, enter here.
17. Add Items 12 through 14 and subtract Items 15 and 16 to determine amount to be paid. If the total on line 17 is zero, enter zero on line 17.
18. Enter an "X" in the appropriate box.
19. Sign the report, enter your title and the date signed.

DO NOT STAPLE ATTACHMENTS TO THIS REPORT.

For information on formats, more detailed instructions or additional pages for wage detail, contact Wage Reporting, Division of Unemployment Insurance, P.O. Box 7962, Madison, Wisconsin 53707, e-mail wagenet@dwd.state.wi.us, or telephone (608) 266-6877. See <http://www.dwd.state.wi.us/uiben/wagehome.htm> for formats and specifications.